

City of Newton



Setti D. Warren  
Mayor

## HEALTH AND HUMAN SERVICES DEPARTMENT

Dori Zaleznik, MD, Commissioner  
1294 Centre Street  
Newton, MA 02459-1544

Telephone 617.796.1420 Fax 617.552.7063  
TDD/TTY 617.796.1089



**Public Health**  
Prevent. Promote. Protect.

### **APPLICATION TO OPERATE A TANNING FACILITY**

updated 2/11

Date \_\_\_\_\_ Name of Facility \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City / Zip

Name of Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City / Zip

Name & Addresses of the following:

1. Tanning Device Supplier: \_\_\_\_\_

\_\_\_\_\_

2. Installer: \_\_\_\_\_

\_\_\_\_\_

3. Service Agent: \_\_\_\_\_

\_\_\_\_\_

Number of Beds: \_\_\_\_\_ Number of Booths: \_\_\_\_\_

#### **On Reverse Side Of This Application List The Following:**

1. Manufacturer, Model #, Model Year, Serial #, and Installation Date of each Tanning Device.
2. List all operators who have been trained in the operation of the tanning device.

#### **Include The Following Documents Along With This Application:**

1. Copies of all consent forms for persons under 17 years of age or younger.
2. A copy of the operations and safety procedures to be followed in your establishment.

Pursuant to Chapter 62C section 42A of Massachusetts General Laws, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state returns and paid all state taxes required under law. I certify that I have workers' compensation coverage as required by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Fee Enclosed

\* Fee is \$50.00 for the first tanning device and \$10.00 for each additional tanning device. Check should be made payable to The City of Newton.

\* Return this application to the Newton Health & Human Services Dept, 1294 Centre St., Newton, MA 02459

DEVICE

MANUFACTURER

MODEL

SERIAL

DATE OF

dzaleznik@newtonma.gov

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## INSTALLATION

**NAMES OF TRAINED OPERATORS:**

F/H/applications/ tan application

dzaleznik@newtonma.gov